City of Willmar
PO Box 755
Willmar MN

APPLICATION FOR A SERVICE PARKING PERMIT

Municipal Code 15-56

Central Business District

(1st St. to 6th St. SW)
(Hwy12 to Trott Ave SW)

NAME OF BUSINESS APPLICANT: ______________________________

BUSINESS ADDRESS: ____

BUSINESS TELEPHONE: ______________________________________

NAME OF APPLICANT:____

APPLICANT ADDRESS: _______________________________________

VEHICLE LICENSE PLATE NUMBER: _____________________________

ANNUAL FEE **$30.00**

LICENSE EXPIRES: **DECEMBER 31,** ____

THE UNDERSIGNED APPLICANT MAKES THIS APPLICATION PURSUANT TO ALL APPLICABLE ORDINANCES OF THE CITY AND SUCH RULES AND REGULATIONS AS THE COUNCIL OF THE CITY OF WILLMAR MAY FROM TIME TO TIME PRESCRIBE.

APPLICANT SIGNATURE ____________________ DATE__________

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Receipt No.: _________________ Police Chief___________
Date: _________ Fee: __________ City Clerk ____________